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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY INDIA	SHEETS DRAWING	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 7
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ADDRESS

26646

TITLE

Antifungal oral dosage forms and the methods for preparation

FILING FEE RECEIVED 1748	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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